New York State Department of HealthBureau of Environmental Radiation Protection

RADON LABORATORY REPORT

Firm name	Year			
Email address	Period January-June July-December (report due 30 days following end of the semi-annual period)			

ZIP CODE Required	TOWN	COUNTY Alternate Required	DATE TEST	NUMBER OF MEASUREMENTS Required	MEASUREMENT ACTIVITY (pCi/L)	MEASUREMENT LOCATION (i.e. basement, 1 st floor)	TESTING FIRM NAME

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547 River Street, Room 530 **Troy, New York 12180-2216**

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